



FOR CAP USE ONLY	
CAWCD #	
PLAN	
LAND TITLE	
ASSIGNED TO	
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MP	

RIGHT OF ENTRY / SPECIAL USE PERMIT APPLICATION

Send the completed application package to:

Central Arizona Project
 Lands Department
 23636 N. 7th Street
 Phoenix, AZ 85024

Phone: (623) 869-2555
 Fax: (623) 869-2249
 Email: 2555@cap-az.com
 Web: www.cap-az.com/lands.aspx

Failure to provide ALL information will delay processing

Applicant Legal Name:

Type of Applicant (e.g. a Delaware corporation):

Applicant Coordinator (R/W Agent) Name:

Address:

Email: Fax: Phone:

Field Representative (Construction): Phone:

Emergency Contact (After Hours):Phone:

PROJECT INFORMATION

Location: Twp _____ Rge _____ Sec. _____ G&SRB&M Acres of CAP Land Use _____

Location in Relation to CAP Canal: North South East West

County/ Cross Streets/ Other Reference (e.g. Maricopa, Pima, Pinal, La Paz County- ¼ mile South of Happy Valley Rd and West of 7th Street)

Will Project Require CAP Canal Water? (Y/N): **If Yes, Complete and Submit Temporary Water Use Application and Temporary Water Use Pricing and Requirements.**

Purpose/Activity:

ANTICIPATED START DATE AND DURATION:



CAWCD# _____

APPLICANT'S DESIGNATED CONTACT INFORMATION

Safety Representative:

Address:

Phone:

Environmental Representative:

Address:

Phone:

Contact Name for Official Notices:

Address:

Signature Authority:

Title:

Finance/Acct/Billing Contact:Project #.....

Address:

Email: Fax: Phone:

THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THIS APPLICATION

- Site Map or Location Drawing for use as the right of entry OR consent exhibit
- Proof of Insurance.
- Signature Authority and Legal Verification Form.
- Are Other Agencies or Groups Involved in the Project/Activity?

For additional requirement information please visit our website:

www.cap-az.com/lands.aspx

The applicant is requesting CAP's review of this application and agrees to provide all the documents listed above.

Print Name _____ **Title** _____

Signature _____ **Date** _____